

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

1071925
FILING DATE

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
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| TOTAL CLAIMS | 76 | ████████ | ████████ | ████████ | ████████ | ████████ |

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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | ↔ | ↔ | ↔ | | |
| TOTAL CLAIMS | | ████████ | ████████ | ████████ | ████████ | ████████ |